# THE MEDICAL MISSIONARY

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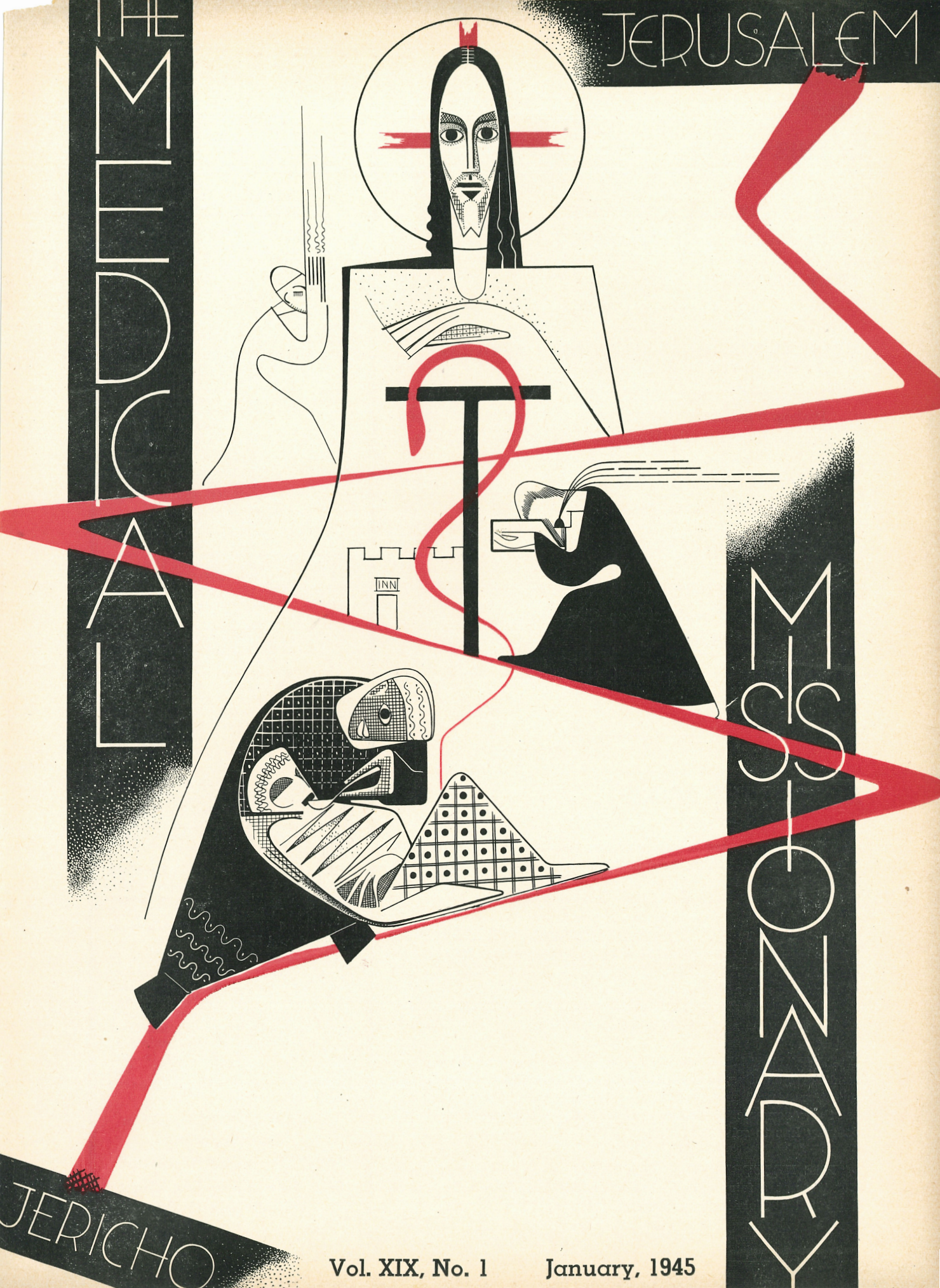


Vol. XIX, No. 1 January, 1945

## IN THIS ISSUE:

Page

"THAT THEY MAY HAVE LIFE . . ." 3
By The Rev. Gerald Kernan, S. J.

THEY EAT RICE . . . 5
By Sister M. Francis, S.C.M.M.

MEDICAL MISSIONS—AN ABIDING WITNESS TO THE SPIRIT OF CHRIST 8
Excerpts from an address given by His Excellency, Bishop Thomas of Bangalore at the first general meeting of the Catholic Hospitals' Association of India

THE RESURRECTION OF KAMLA 10
By Sister M. Elise Wijnen, S.C.M.M., M.D.

THE MISSION CLIPPER 12

JANUARY MISSION INTENTION 13
"Mutual good will between Christians and Mohammedans"

NEWS FROM ABROAD 14

## ACROSS THE PAGES . . .

**"WHY be interested in our neighbor; HOW be thus interested?"** The Christian answer to these problems is the theme of an article by Father Gerald Kernan, S.J. Father Kernan is a member of the faculty of St. Joseph's College, Philadelphia.

**"HOSPITALS . . . ARE AN INSEPARABLE ASPECT OF THE LIFE OF THE CHURCH AND A PRACTICAL AND CONCRETE LESSON IN CHRISTIANITY"** - - said Bishop Thomas of Bangalore in addressing the Catholic Hospitals' Association of India. We give excerpts from the address given by His Excellency at the first general meeting of the Association.

**"THEY EAT RICE"** is a brief analysis of some of the dietary conditions existing in India today. As the article indicates, the nutritional problems of India - - intimately related as they are to the economic situation - - are among the weightiest the country has to solve.

**"THE RESURRECTION OF KAMLA"** reads like a fairy story. But it's not a fairy tale - - it's true! Sister M. Elise tells how it happened at Holy Family Hospital in Patna.

THE
MEDICAL MISSIONARY

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Editor

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**The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.**

**At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.**

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# "That They May Have Life . . ."

*by*

The Rev. Gerald Kernan, S.J.

Let us make an imaginary cross-section of some office building in a large city of the United States. Mentally slicing the building in half, we lay bare floor after floor of scurrying activity, clacking typewriters, clanking teletypes, numerous conferences of busy hands, heads and tongues. Let's inspect more closely some of this activity. One whole floor is taken up by the bewildering complexity of a worldwide commercial organization. In the conference room we find the best minds of the company concocting plans for how, in the post-war world, they can outdo a rival company of another nation in exploiting the "natives" of some "backward", but oil-producing, country. Such native protests against highhanded and illegal methods as cannot be quieted by bribes will be squelched by veiled threats of pressure from our all-powerful armed forces. — On another floor is a planning commission for international peace: earnest men probing into the causes of previous wars in the hope of averting future catastrophes. — On another floor is a society for the advancement of scientific truth. Here the organization is in a state of joyful expectancy, for their years of research are about to be crowned with success: they are on the verge of perfecting a superdestructive rocket-bomb that will fly 5,000 miles under its own power. — Another floor is occupied by a philanthropic organization that goes to fantastic lengths to improve the public health and monuments of any nation in the world needing such aid.

If, in viewing this scene, we were to have as companion the traditional visitor from Mars, he might well complain: "This doesn't make sense. Here you have the best brains of your country working on international problems, but in furiously opposite directions. What one builds up, the other tears down. To put an interstellar finger on the nub of the difficulty, I would say that there is here no common and unifying view on the central interest: Man. Some of these planners regard their fellowmen much as they would a coal-mine, — something to be exploited; others regard them as a sort of natural obstacle, — something to be blasted out of the way; still others seem to have for their fellowmen a feeling of benevolent kinship simply because they are of the same species, in much the same manner as wolves do not attack one another and rarely eat their young. Speaking with the indulgence usually given to or taken by a visitor, I would say that what is needed is a view of man that affords rights and imposes duties according to the makeup of man's nature, not according to whim or convenience. Amid all the activity before us, I fail to perceive such a view."

With the clarity of vision that frequently accompanies perspective, our visitor from Mars would indeed have put his finger on the nub of the problem. For the mere fact that men are all of the same species has never been a sufficiently strong reason to induce among them the peace and harmony for which we long,— and have never longed for more than now when the human race is racked by the most destructive war in its history. Men have always been interested in their fellowmen. But all too often the interest has been mere self-interest. If history teaches any clear lesson, it is that, if a man is interested in his fellowmen for **merely** "humanitarian" reasons, he invariably ends in an attempt to dehumanize them. Has the dilemma no solution? Must we exploit our fellowmen,— or ignore them?

The classic solution is: "Do unto others as you would have others do unto you." But once again, man's bloody and ravenous centuries prove that of his **natural** powers, man is not able to carry out this counsel. That is where the supernatural enters, solving simultaneously the dual problem: **why** be interested in the neighbor; **how** be thus interested?

We must be interested in our fellowman for

basically the same reason that we are interested in our hands or our feet: these men are, actually or potentially, members of the same Body of which we ourselves are part. For when Christ restored to men the possibility of sharing in Sanctifying Grace, He gave back to mankind the possibility of unity lost by our First Parents, viz., the union of man with man through their participation in a common supernatural life, which is the Nature of God Himself.

Just before He ascended into Heaven, our Divine Redeemer gave not only to His Apostles, but to all who were to be members of His Mystical Body, the Church, this command of dynamic unity: "Go, therefore, and make disciples of **all nations, baptizing** them in the name of the Father and of the Son and of the Holy Spirit."

This is Christ's command to all His members to be pro-creators of **life.** For if we live in the highest and most meaningful sense, we live the life of Grace, the life of God in us. Now it is a law of life that life must be passed on. And it is for this reason therefore, that we are in labor until Christ be formed in others. But note that there is here neither a this-worldly purpose nor this-worldly means. The life we have is Sanctifying Grace, the Gift that makes Holy. And we are to pass it on by **baptizing,** which is to make others members of the Church, i.e., part of the Total Christ.

Here is the answer to the "why" and "how" of interest in our fellowmen,—the answer that admits of no evasion, that recognizes no distinction of time, place or color. If we are true followers of Christ, no corner of the world is foreign to us, no color of skin or condition of race gives us pause. For all men are either actually or potentially members of the one Mystical Body. With those with whom we are actually conjoined in the Mystical Body, we should live in the mutual help and love befitting members of the same body. With all others who are potentially our fellow members in Christ, we must strive to share our life.

If we are thus true to the mandate given us, we shall be spreading, at home and to the farthest ends of the earth, life and not death. We shall be doing unto others as we would have done unto ourselves. And in our so doing, the Divine Wisdom has solved the age-old question: how to combine true interest in our fellowmen with self-interest: "take possession of the kingdom prepared for you from the foundation of the world; for . . . as long as you did it for one of these, the least of my brethren, you did it for Me."

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## OUR COVER

Our cover, designed by Emil Frei and Robert Harmon, expresses the basic underlying medical missions—the care of the sick as a means of spreading the Kingdom of Christ.

The artists have conveyed this idea through a symbolic representation of the story of the good samaritan. There is the road from Jerusalem to Jericho, with its travellers—the high priest of the parable, eyes and hands raised to heaven, the levite, face buried in his book. Both with closed hearts have passed by the man whom the robbers left sick and half-dead by the roadside. Finally, there is the Samaritan, the stranger, who recognizes his neighbor in the wounded man and in the spirit of true charity looks after his needs. In the background and over all, is the figure of Christ, for it is He Who is served in the sick and suffering. The tau cross and the serpent likewise signify Christ under the figure of the brazen serpent which Moses raised up in the desert and upon which all who looked were healed. These are a Christian adaptation of the caduceus, ancient symbol of the medical profession.

We wish to express our sincere gratitude and appreciation to Mr. Frei and Mr. Harmon for this design which is so beautifully symbolic of the medical mission apostolate. We also thank Mr. Maurice Lavanoux of the Liturgical Arts Society for his gracious interest and assistance.

# They Eat Rice

*by*

SISTER M. FRANCIS, S.C.M.M.

*Half-way around the world from us millions of men, women and children barely exist on a bowlful of rice a day.*

"It is probable that an overwhelming majority of the diseases that occur throughout the world are due directly or indirectly to the lack of primary necessities, generally food, and many of the remainder—to bad living conditions," wrote Bernal in his **Social Functions of Science.**

We of the western world during the last twenty-five years have become more and more interested in nutrition and the vital part food plays in maintaining health. Our babies are raised on formulae which include orange juice and cod-liver oil. Milk is taken, not alone by infants but by growing boys and girls and adults. Calories, proteins and vitamins have become familiar words to us.

Half-way around the world from us, in India, balanced diets are the exception. For generations men and women have subsisted—yes, barely existed—on a bowlful of rice a day.

The medical statistics on India are depressing figures. The average expectation of life is given as twenty-seven years, whereas in the United States it is sixty-four years. The general level of health is low and the preventable epidemic diseases such as smallpox, typhoid, dysenteries, cholera and malaria annually cause about one-fourth of all the deaths. Yet it would be a mistake to consider the bacteria and viruses responsible for these diseases as the sole cause of the great misery and ill-health of the country.

As Mr. Amery, Secretary of State for India, pointed out recently, "Problems of nutrition and education are indeed in many ways the greatest problems which India has to solve and their solution will be essential to the effective maintenance of whatever constitutional fabric she may devise."

Nutrition problems are nowhere easy of solution, but in India, numerous factors such as the extreme poverty of the people, the rigid customs of caste and religion and the poor agricultural methods combine to challenge the utmost effort and skill of the leaders and educated minority.

Some years ago Sir John Russell in a comprehensive report on the agricultural policy to be pursued in India pointed out that the first need was for each province to conduct nutrition surveys to discover the chief deficiencies in diet and then with the help of the Agricultural Department and the rural development authorities, to encourage by all means the growth of those particular articles of food which are necessary to make up these deficiencies.

Within the last few years over fifty diet surveys have been carried out in various parts of India to determine what the diet consisted of and how members of the same level of society fed on the different diets compared in strength, height, weight, etc.

A well-balanced diet includes a variety of foods which furnish proteins, carbohydrates, fats, vitamins (especially A, B "complex",

**Kashmiri Women Grinding Rice**

C and D) and minerals such as calcium and iron.

The average Indian whose income is about five cents a day can afford only cheap carbohydrate foods such as rice, wheat or tapioca. Consequently these foods form the staple articles of diet in the districts where they are grown. A recent nutritional survey carried out in various parts of India—the Punjab, Central Provinces, Orissa and Hyderabad—showed that the rice-eating inhabitants of the southern and eastern districts were poorer physically than those from the wheat districts of the north and west. The tapioca-eaters from a small area in the southwest had the lowest standard of nutrition and the poorest physiques. The superiority of the people of the Punjab plains, however, is not due solely to the fact that they eat wheat rather than rice. In the north, irrigation is available, the soil more fertile and a better vegetable crop can be grown. Likewise, more cattle and better facilities for grazing are available to the poor. Not the least important is the fact that the Punjab ranks high among the various provinces in daily milk consumption.

The economic status of the family plays an important role in determining what foods are consumed in addition to the basic carbohydrates. Well-to-do Indians cook cereal foods with **ghi** (clarified butter); the poor use a vegetable oil while the extremely poor use no oil at all but substitute condiments to make the cereal savory. The poorer the household the more condiments are used.

It is the custom of the country to have two main meals daily. The largest is taken in the evening or late at night in hot weather. The time and nature of the second meal depend on the economic circumstances of the family. Those who can afford it cook again in the morning and thus have a second warm meal. Among the poor, where the women work outside the home—and also to save fuel, the morning meal may consist of food prepared the night before. It may be taken either before going to work or at noon. The very poor have only the evening meal and during the day eat handfuls of parched pulses as hunger demands.

Religious customs, also, determine to some extent the diet of the people. The Hindu, to whom the cow is sacred, esteems milk and other dairy products. However, few Hindus have sufficient milk in their diet because of its cost. The higher caste Hindus usually abstain from flesh foods but strictly speaking few are absolute vegetarians since milk, one of the best of animal foods, and sometimes eggs, which are scarcely inferior to milk as a source of animal proteins, are allowed.

None of the Hindu castes will eat beef and many refuse to eat fish, fowl or pork. The only kinds of meat which Hindus of good caste will eat are mutton, goat's flesh, venison and game birds. In practice, few Hindus ever eat meat—most of them, because they cannot afford it; many because of religious custom.

The caste system regulates the use of food and drink and social intercourse for the Hindu under the primitive notion of the taboo. This idea supposes the existence in every individual of a potentiality for evil and of an ability in certain circumstances of causing evil to others.

There are endless variations in the cooking taboo but among all castes an important distinction is made between "kachcha" food, which is cooked with water, and "pakka" food which is cooked with milk, ghi or butter. The distinction is based on the fact that these substances, being products of the sacred cow, serve to purify the food that is cooked with them. Accordingly, the restrictions in respect to "kachcha" food are much more severe than in the case of "pakka" food, but generally a Hindu can only eat "kachcha" food if it has

been prepared either by a member of his own caste or a Brahman; whilst he may eat "pakka" food if it has been cooked either by a member of the same caste or by a Halwai confectioner or by a Kahar domestic servant.*

The restrictions imposed by religion affect actually only the Hindu. The Muslim is allowed to eat any meat except pork, although he rarely does so because of poverty. Sikhs have a complete freedom in the choice of food.

Thus far we have considered the Indian diet with respect to animal protein, calcium and carbohydrates. The first two are woefully lacking and only the latter need is met in anything approaching a satisfactory way.

Vitamin deficiency diseases are common throughout the country. Here again, eating habits, poverty and ignorance combine to produce ill health. In general, vitamins A and B are lacking to a greater extent than C and D.

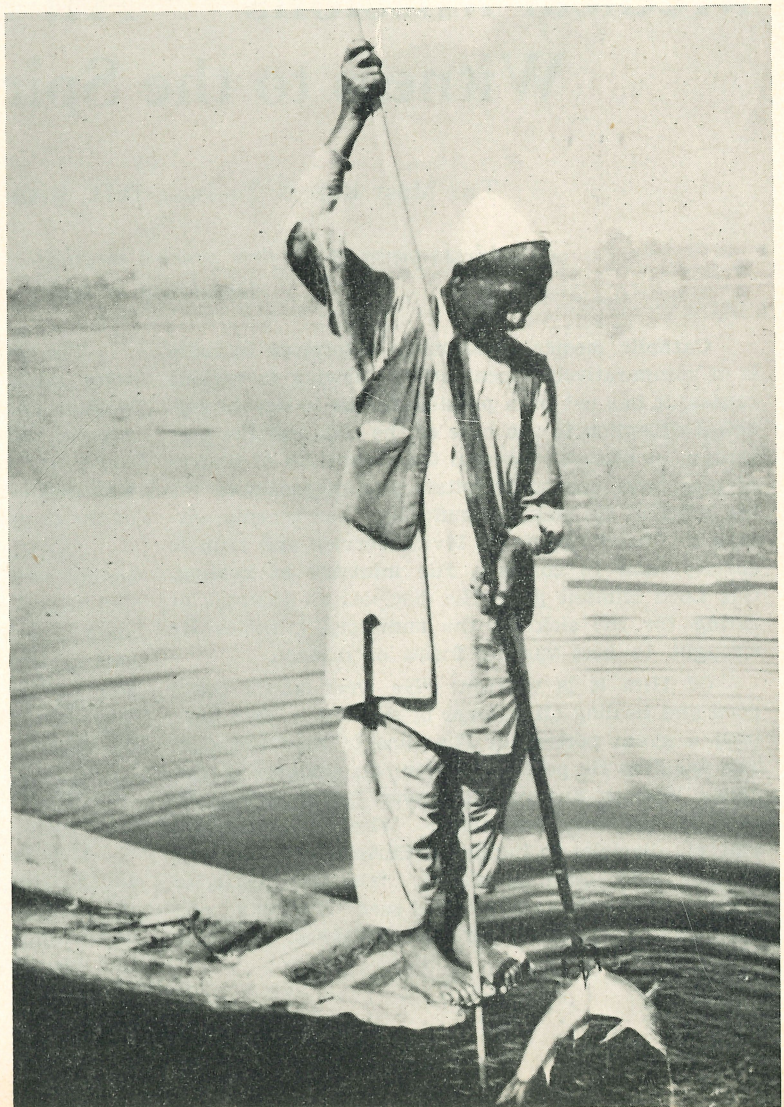
The vitamin A deficiency is a most serious one since an important sequel to it is **blindness** produced by xeropthalmia or keratomalacia. Opthalmalogists state that there are at least two million blind in India and that a large proportion of blindness could have been prevented by a timely administration of vitamin A. Diet surveys throughout the country have shown that almost everywhere the intake of this vitamin is much less than it should be, chiefly because of the diet which is usually poor in animal fat and green vegetables. Since the eating of green vegetables is often absent among the rich, vitamin A deficiency is not limited to the poor. However, the rich as a rule obtain some of the vitamin from ghi and milk which, however, are not especially good sources. One can readily find among children of the more prosperous classes cases of serious malnutrition and food-deficiency diseases.

As a means of relieving vitamin A deficiency, cod-liver oil is used. Before the war this was imported but now, because of the inability to obtain it, the scientists of India have turned to fish abounding in their own coastal waters near Bombay. A considerable amount of research work has been carried out at the Nutrition Research Laboratories, Coonoor, and the All-India Institute of Hygiene, Calcutta. At Coonoor, samples of oil from several species of shark have been assayed and have been found to contain ten to fifteen times as much vitamin A as the average cod-liver oil. The sawfish has also been found to give a good yield of oil containing a high number of vitamin A units. The vitamin D content of the shark liver oils is negligible.

Studies at the All-India Institute of Hygiene and Public Health have shown such a high vitamin A content in fish livers from Bengal that industrial exploitation of Bengal fish is a feasible proposition.

Unfortunately many of the people because of food taboos refuse to take fish oils. Research on the young leaves of the water hyacinth plant has shown that these leaves are a rich source of carotene (a precursor of vitamin A). The plant grows prolifically in many

*Sir Edward Blunt, **Social Service in India,** p. 47. London: His Majesty's Stationery Office, 1938.



**This man demonstrates one of the common methods of fishing in Bengal.**

regions. In Bengal, it is looked upon as a pest because it obstructs passage on the canals and small waterways. No doubt it will be some time before the people can be educated to regard this plant as a useful addition to their diet and not merely as a pest.

Vitamin C is another dietary deficiency, not because the country lacks foods containing the vitamin but simply because as a rule the Indians do not care much for fruits. **Amla** (gooseberry), for example, is a fruit which grows abundantly in all the Indian forests and is moreover cheap and common. A single fruit is equivalent in vitamin C content to one or two oranges. Strangely enough it was included as an ingredient of many of the old Ayurvedic (ancient Hindu medicine) prescriptions and tonics. It was found very effective against the scurvy which occurred in 1940 in the Hissar famine area.

The solution of the nutrition problem in India will require the skillful use of propaganda to educate the people in good food habits, a more scientific approach to the field of agriculture and research to develop strains of plants suitable to Indian soil and climate, and better breeds of cattle and fowl.

Already the beginnings have been made. Radio propaganda in the villages has been used. The development of kitchen gardens and a wider use of leafy vegetables rich in vitamins A and C and in calcium is being urged.

Research problems associated with crops and livestock are in progress in various parts of India, namely Delhi, Madras, Bangalore and Karna. There are now five agricultural colleges in India. The selection of applicants depends apart from their educational requirements on possession of interest in land and on the opportunities which the candidates are likely to have to apply their knowledge.

It will go slowly at first but at least there is the beginning. Economic conditions and nutrition go hand in hand and one affects the other. True, the overall picture is black but there are bright spots and it is good to see them and watch them grow.

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# Medical Missions — An Abiding Witness to the Spirit of Christ

*by*

The Most Rev. P. Thomas, D.D., Bishop of Bangalore

*An address given at the first general meeting of the Catholic Hospitals' Association of India.*

Catholic medical missionary enterprise in India is of comparatively recent origin. Owing to various causes, it has not been possible for us to devote sufficient attention to the care of the sick and the prevention of disease. Several Congregations of Sisters of late have opened hospitals and dispensaries for the relief of the sick and suffering, thus bearing witness to Christ's spirit of loving service and humble charity, and to continue His ministry of healing. Our Lord Himself gave His disciples an example of caring for the sick by the numerous miracles He wrought to heal various forms of disease.

Of Him it is written: "He went about doing good and healing all manner of sickness". Our Lord used a great portion of His time to heal the sick. The wonders He performed were an evidence of His divine mission and of His never failing sympathy towards suffering humanity. When John Baptist sent his disciples to inquire if Christ was really the Messias, Our Lord answered: "Go and relate to John what you have heard and seen. The blind see, the lame walk, the lepers are cleansed, the deaf hear . . . ."

The spiritual results of His healing and miracles were often negligible, yet He continued His noble mission and charged His apostles to "heal the sick." Among the many wonders wrought by the Apostles were the restoration of the lame man of Eneas, who had been sick of the palsy for eight years, and of the cripple at Lystra.

Christian charity has from the earliest times sought to alleviate human suffering. Faith in Christ and the example of His charity have stirred thousands of men and women to unselfish service on behalf of the stricken victims of disease. And when you gather to discuss ways and means to extend Christian works of mercy, you are only following the spirit and traditions of our holy religion.

### AN EXPRESSION OF THE CHRISTIAN FAITH . . . .

It is our privilege and duty to further the work which Christ Himself did. Exercise of the work of charity is an essential concomitant of the perennial vitality of the Catholic Church. Our hospitals and dispensaries are an expression of the kernel

of the Christian faith, and abiding witness to the teaching, example and spirit of Christ. They have been established at considerable expense and sacrifice primarily to preserve the health of our own flock and to build up the Church Militant. The chief aim of medical missions is the permanent building of the Church on solid foundations and equipping her with all the necessary features of normal and healthy Christian life.

### A MEANS OF REACHING SOULS . . . .

No mission is complete unless it goes in for educational, medical and social service. Hospitals offer us precious opportunities for establishing and perpetuating the reign of Christ. They bring us in contact with numerous elements of the population, whom we could not reach otherwise. They are not, it is true, proselytising agencies, nor are they mere philanthropic institutions. They are an inseparable aspect of the life of the Church and a practical and concrete lesson in Christianity.

In curing the body there is no reason why we should not try to reach the soul by presenting the message of Christ, the only road to life eternal. We have a burning zeal for our religion, because we are fully convinced of the truth, and desire to see others not yet of the fold share its blessings.

When a non-Christian becomes a Christian, is it not ordinarily because he has been influenced by the example or teaching of some Christian, whether priest or nun, doctor or nurse, teacher or simple lay person? He knows that the unselfish service of Christian workers is the direct outcome of the faith they profess. "By their fruits you shall know them."

Why is it that Catholic religious nurses are looked up to with admiration and affection by so many patients? And why is it that thousands of people, the poor especially, prefer to seek medical aid in the hospitals of the Sisters? It is because the power of Christian charity appeals to them and touches their hearts. When hunger is appeased, thirst quenched, tears dried and wounds dressed with great attention and tenderness, the patient gets some idea of the routes that lead to God, to things invisible.

### SPECIAL IMPORTANCE IN COUNTRIES LIKE INDIA

The medical apostolate is, therefore, a valuable adjunct to Christian missionary activity, to the stability and progress of the Church of God. It has a wide sphere of usefulness and its work is of the highest importance especially among women in countries like India, where women only can minister to suffering women and bring relief and Christian influence into their lives.

Catholic medical work is still in its initial stage and it is not yet well organized. It is remarkable that it was some lay doctors who realized the urgent need for Catholic hospitals, doctors and nurses, and the tremendous possibilities of medical missions for the spread of the light of the Gospel.

Dr. Agnes McLaren, a Scotch convert, founded a Catholic hospital in Rawalpindi. Dr. Margaret Lamont, another Scotch convert, visited various parts of India some two decades ago and wrote constantly and enthusiastically about the urgency of developing medical missions.

Dr. Anna Dengel also worked with the same object in India, and later founded the congregation of Medical Mission Sisters in Philadelphia. Father Becker, who was Prefect Apostolic of Assam, and who was repatriated in the first World War, started in 1922 the Wurzburg Medical Mission for the training of lay men and women doctors, who pledged their knowledge and skill for the service of the missions without any emoluments for personal benefits. Within a period of 16 years, 44 of these doctors had gone to the missions.

We cannot forget the splendid services rendered by St. Martha's, the first Catholic medical institution in the country. The Congregation of Jesus, Mary and Joseph was also among the first to establish hospitals for women and children, and all their convents in Guntur, Nellore, Kurnool and Bangalore have hospitals attached to them.

In spite of many difficulties, other congregations have also stepped into the field and are doing most meritorious work for the alleviation of human suffering and for holding aloft the torch of Christian charity in various parts of this vast country.

### NEED FOR MORE HOSPITALS AND TRAINING CENTERS

There is a real need for more hospitals and the existing ones should have better equipment with increased staff in order that their work may be more effective. We have not a single Catholic medical college or school in the whole country. This defect should be remedied. We must have training centers for nurses. Only St. Martha's in Bangalore and the Holy Family Hospitals at Rawalpindi and Patna are now recognized for the training of nurses.

Medical work represents Christianity in word and deed. That is something which the poorest and most ignorant can understand and appreciate. We must have more hospitals, chiefly in rural areas, and the existing ones should be more adequately equipped to meet the demands of advancing medical science. They will bear living testimony to Christ and His Spirit. We are living in stormy times and the future is uncertain, for there is a growing antagonism to Catholic mission effort. But institutions like hospitals will be an anchor of the Church.

*"He who wants to do good knocks at the gate; he who loves finds the gate open."*

—RABINDRANATH TAGORE.

# The Resurrection of Kamla

*by*

Sister M. Elise Wijnen, S.C.M.M., M.D.

They brought her in off the street one day, a skinny little girl in rags, her face contorted with fear and misery. Her body looked barely seven but her eyes were ten or twelve years old, at least. She kept her greasy, grey sari tightly wound around her head and shoulders and stood there, eyes downcast, head hanging, arms drooping, while the women who accompanied her explained to the sisters in their voluble fashion.

Kamla was an orphan who had been living with an aged grandmother until the latter died, a few months ago. Since then she had lived in the gutter. In India there is a literalness about these statements that is hard to imagine at home. The child must have picked up her food out of the remnants people throw along the roads. She had been sleeping in the shallow drains or in empty corners between houses. She probably made an anna here and there, by carrying water, minding a baby or washing up dishes under the street tap.

The child neither knew nor expected anything different, so she was probably quite happy . . . until the sores started. The onset was so gradual, almost painless, that she paid no attention to them at first. Slowly they grew and deepened, until the jawbones on both sides of her face were laid bare by them. Then the real misery began. Maggots appeared in the deep dirty wounds, and the stench and pain became almost unbearable. The constant wriggling of the maggots kept the poor child awake all night and she disturbed the sleep of the people in the neighborhood with her crying. At last some of the women decided to bring her to the Holy Family Hospital, to see if the sisters could do something for her.

Here was a problem; the poor mite needed care for body and soul, not just medicines for the sores as these women thought. It would take daily dressings for weeks and perhaps months, and without proper food the result would be poor, anyway. The thing to do would be to take her into the hospital. But would she stay? Poor waif as she was, still she was used to unlimited freedom, entire lack of discipline, eating only what she pleased, sleeping when and where she liked, doing things only because she wanted to, never because she had to. We had had enough experience with the lawlessness of the Indian poor to hesitate in suggesting a hospital stay for the child. Still, it was obviously the only way out and there was no harm in trying. She might stay until the sores healed, at least.

That is how Kamla joined the hospital staff, but we did not know it at the time! At first she was just a patient, and a difficult one at that, but she ended up as a most useful and highly appreciated junior member of the nursing profession! The first two weeks were the hardest. She was probably too tired and beaten down to mind the complete bath and the shaved head that initiated the hospital treatment, but the maggot treatment nearly finished her. Every hour or so the nurses would drop a mixture of chloroform and codliver oil in the open wounds, and pick out the crawling, boring, wriggling, fat little worms with a forceps. Maggots are not supposed to attack healthy flesh, only to eat dead and dying tissue, but these little villains pay no attention to textbooks! They crawl around and bore themselves in and eat away whatever they can find, until the chloroform stuns them, and they can be picked off one by one. Poor Kamla howled with fear and pain, and tried to hide under the bedclothes, but we were relentless, heeding neither her cries nor the other patients' remonstrances.

After two days of vigorous treatment the wounds began to clear up and Kamla got her first unbroken night's sleep in weeks. Then we started to feed her up, which was no easy job either. She ate rice and vegetables willingly and liked her milk, but the porridge, meat, tomatoes, codliver oil and yeast she disliked intensely. She was too shy and polite to refuse them outright, but time after time we found her throwing away the food and pouring the codliver oil down the drain. She invariably scoured her plate and cup, both before and after use, so we never saw any remnants, but it was quite obvious that Kamla did not eat all she was given.

Then someone had a bright idea: why not put her in the nursery? That won the battle, in one round! It became possible to supervise her eating, and the example of the toddlers convinced Kamla that meat was not poison and tomatoes tasted good, after all. Codliver oil and yeast became "medicines" and the promise of a half teaspoon of sugar afterwards, just like the babies got after quinine, was enough to reconcile her to them.

The transfer to the nursery effected another change! Kamla broke away from her old habits

and ideas. Even in the hospital ward she had been surrounded by Indians. The patients gave her food and sweets, talked about their illnesses and domestic troubles, encouraged her to sit around doing nothing, all day. But in the nursery she found a different atmosphere entirely. Here was work, brisk activity, laughter, play, cleanliness, discipline, routine, all that she needed to grow out of her beggar habits, painlessly and unconsciously.

Kamla fell into line with surprising ease. We soon decided that she came from better stock and had fallen into misfortune through accident only. No professional beggar child could have shaped up so well and so quickly. At first she was allowed to hold a baby only as a reward of good conduct. It was encouraging to see her eat her porridge quickly and neatly with a spoon, too, so she could have five minutes with Shanti on her lap, before it was time for the bath! Then she would squat beside the bathtub while Yusuf was being washed, amusing him with funny faces and barnyard imitations. Next she would dart back to baby Moti who was voicing her protest at the long delay by kicking the sides of her crib and howling! She became a three ring circus for the babies, although she remained shy and aloof before grownups for a long time.

Pretty soon Kamla was accepted as a handy, trustworthy, imperturbable baby nurse. She learned to feed the toddlers, squatting comfortably on the floor with the baby between her legs, or kneeling beside the crib for the younger ones. She loved to dress up the little girls and to brush up their curls in a topknot. She learned to bring in the clothes from the washline, sort them, fold them and put them away neatly in the cupboards, all in record time. Meanwhile the sores closed, her face filled out, her legs and arms became sturdy and strong and in six months Kamla was an altogether different child from the pathetic little beggar waif who had entered the hospital.

**No longer a little beggar waif, Kamla is now busy with school work. This is a lesson in Punjabi.**

In all this time she never made any move to return to her old haunts. She seemed to realize, with an intelligence unusual in such a young child, that she was being given a chance to "improve" herself and it was up to her to make the most of it. Quiet and self-effacing, she moved around the nursery and the compound, always ready to help, repaying each small kindness with a shy smile until we all became so accustomed to her presence that we hated to part with her. Of her own doing she found the way to the chapel, acquired a rosary from some one and sat through Sunday Mass or weekly Holy Hour, drinking in the music and the religious ritual with hungry ears and eyes. She learned her prayers with the other babies and carefully saw to it that each little tot had its hands folded and eyes closed during grace and evening prayers.

When it was finally decided that she was well enough to go to an orphanage, we all felt the coming separation no matter how well we knew that it was necessary that the child be given a suitable education and a chance to choose her vocation with a proper equipment of mental and physical abilities. So we started to talk up the new "school", telling her all about the advantages and happiness she would find with the new sisters. The parting would have been hard for Kamla, if it had not been for the fact that two-year old Sita her special pet, was ready for the orphanage also. She went away in a rickshaw, with baby Sita on her lap, looking proud and self-possessed, full of thought for her small charge, none for herself. She had no fear, nor need she have. A girl like Kamla, clean, neat, unselfish, unobtrusive, the very flower of all that is best in Indian womanhood, will be welcome and happy anywhere.

# The Mission Clipper

### MONTE CASSINO AND MEDICINE

As pointed out in a review of its history in the **British Medical Journal,** the famous Abbey of Monte Cassino prepared the way for the advancement of modern medical science by introducing Arabic medicine into the West.

The first to convey to the West the Arabic knowledge of medicine was one named Constantine, states the article. He was born about 1020, perhaps of Jewish parents. Having become a Christian, about 1080 he retired as a monk to Monte Cassino. There he spent his last years translating Arabic medical works into Latin. These writings of Constantine, being the very first of their kind, are of peculiar interest. They consist entirely of the translations of Arabic-speaking physicians. Among them are the works of Isaac, the great Jewish physician of Kairoun. They include his work on fevers, which was the best of its kind for many centuries, another on diet, as well as certain of his philosophical writings.

Despite the vicissitudes of the great monastery where Constantine rendered this first service to medicine, there still remained in the library some 1400 manuscripts of great antiquity. A considerable number of these were of the time of Constantine. There were also Anglo-Saxon medical texts that date from the time of the Norman Conquest, which were prepared at Monte Cassino.

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### TUBERCULOSIS IN INDIA

According to a report in **Indian Information,** tuberculosis causes 500,000 deaths a year in India and with the exception of malaria probably represents the greatest cause of death in the country.

The article states that it far exceeds the numbers dying from the major epidemic diseases such as cholera, plague or small-pox, which nevertheless receive much more public attention owing to their dramatic character, whereas tuberculosis is slow and insidious.

During the presidentship of Lady Linlithgow in the anti-tuberculosis campaign, the total number of tuberculosis sanatoria and hospitals grew from 47 with a bed accommodation of 2,255 in 1936, to 65 with a bed accommodation of 4,328 in 1943. During that same time the number of tuberculosis clinics increased from 42 to 113.

### Church Unity Octave

**On the eight days, beginning with the feast of St. Peter's Chair at Rome on January 18th and ending on the feast of the Conversion of St. Paul, the Holy See asks the faithful to offer special prayers for Unity. The following prayer is recommended:**

**Antiphon: That they all may be One, as Thou, Father, in Me and I in Thee; that they also may be One in Us; that the world may believe that Thou hast sent Me.**

**Versicle: I say unto thee, that thou art Peter;**
**Responsory: And upon this Rock I will build My Church.**

**Let us pray:**

**O Lord Jesus Christ, Who saidst unto Thine Apostles: Peace I leave with you, My Peace I give unto you; regard not our sins, but the faith of Thy Church, and grant unto her that Peace and Unity which are agreeable to Thy Will, Who livest and reignest God forever and ever. Amen.**

### SUPERSTITIONS IMPEDE PERUVIAN MEDICAL PROJECT

Superstition is one of the greatest handicaps encountered by the North American and Peruvian medical men who are trying to wipe out tropical diseases in the jungles of the Upper Amazon, under the program of sanitation and hospitalization laid down by the Inter-American Cooperative Public Health Service, a joint Peruvian-United States agency. According to Dr. Edward A. Westphal, the American physician in charge of the work:

"The changing of living habits necessary to this part of the program is extremely difficult among people of low cultural and economic level. Therefore, this part of the program must necessarily begin with medical treatment to gain the confidence and appreciation of a people steeped in superstition and accustomed to drinking herb teas, or resorting to quack healers when they are ill, and to whom a hospital has been until recently a place where people go to die.

"Interesting superstitions and beliefs are legion, as are many quack methods of treatment. I recall during an epidemic of influenza in Iquitos, one of the most commonly used remedies was an infusion of red Iquitos cockroaches steeped in a particularly potent variety of 'pisco'. (A fiery Peruvian liquor named after the town of its origin.)

"The infusion of snakes and insects in pisco is a common remedy for many evils. The fat of alligators is particularly sought after as a cure for rheumatism. The scrapings of alligator teeth or turtle teeth in water are a cure for sterility. Love potions are

legion and usually involve the use of scrapings of animal bones or teeth administered in a liquid."

**—New York Times.**

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### JUBILEE OF MISSION HOSPITAL

The story of the American Presbyterian Mission Hospital at Miraj, which celebrated its golden jubilee during the past year, is in large part the story of one man's life work. The late Sir William Wanless, M.D., founded this hospital for the Western India Mission Board of the Presbyterian Church in the United States. For thirty-six years, until his retirement in 1928, he was the guiding spirit behind the transformation of an open field of twelve acres into a modern medical center and of another field of 105 acres into a beautiful tuberculosis sanatorium.

Starting as a 50-bed hospital in 1894, the institution grew by leaps and bounds, until today it contains 350 beds. A medical school, which Dr. Wanless began in 1897 with four students, has now over 140 students and may soon be be converted into a medical college. A leprosarium and training school for nurses are also conducted at the center. A tuberculosis sanatorium of 30 beds was opened in 1933. It has since been enlarged to 250 beds.

As a memorial to the founder and in commemoration of the jubilee, plans have been made for the establishment of a modern psychiatric hospital. The problem of the insane and of epileptics has not received adequate attention from public bodies and philanthropic individuals.

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### INTERNATIONAL PATRONAGE FOR LEPERS

An International Patronage for Lepers was recently formed. It aims to organize international congresses and active crusades against leprosy. The Argentine Patronage for Lepers has functioned for the last twelve years, —during which it has spent $222,000 on persons with leprosy, in addition to $250,000 for social aid given to normal children of leprous patients.

**—Journal of the American Medical Association.**

**Please pray for the repose of the souls of:**

**Most Rev. Maurice F. McAuliffe, Bishop of Hartford, Conn.**

**Rev. Mother Helen Lucas, R.S.C.J., Bronx, N. Y.**

**Sister M. Fredolin, Holy Cross, Indiana.**

**Mrs. Mary A. Homer, Philadelphia, Pa.**

**Miss Martha McCormick, Philadelphia, Pa.**

**May their souls and the souls of all the faithful departed through the mercy of God rest in peace. Amen.**

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# January Mission Intention

*Mutual good will between Christians and Mohammedans*

We think that the anti-Christian isms of our day are unparalleled in history. Probably they are, but let us not forget that thirteen-hundred years ago an ism whose ideology was ruthless holy war swept over the world. In its vigor, it victoriously subdued minds and lands from Spain to China. It was Mohammedanism.

Nor were its conquests ephemeral. Islam, with its almost three-hundred million adherents, stands today as the second world religion. It is true, in the last few hundred years it has not been militantly aggressive and has fallen far below its zenith. But it has vitality enough to eat its way deeper and deeper into the heart of Africa, harboring latent strength which, if unleashed, would not lag behind that of the anti-Christian isms of today.

During the whole of this year the Holy Father devotes the mission intention to Mohammedanism, beginning with that of "mutual good will between Christians and Mohammedans."

The first requisite for this is mutual understanding. In other words, we should study the beliefs, practices, attitudes, potentialities and history of Mohammedanism, and the ways and means of bringing its adherents to a knowledge and appreciation of the Christian faith.

As our work in India is to a great extent among Mohammedans, the mission intention is of special concern to us. During the course of this year we hope to explain the specific intention for each month and to stimulate our readers to pray fervently that through the conversion of Islam the fulfillment of Christ's desire that **all may be one** may be speeded.

# News From Abroad

**HOLLAND**

News from Holland has been received more and more frequently of late, thanks to the kindness of Army chaplains and soldiers who have visited our house there. Soldiers have attended Mass in our chapel and we have learned more about the **status quo** of our Dutch community. Now we know that our family numbers thirty-five—fifteen professed sisters, thirteen novices and four postulants.

Four of the Dutch sisters are working in a school of midwifery; one is a student, the others are helping out in various capacities as nurses. All are anxious to be on their way to the missions as soon as travel permits.

## INDIA

**PATNA**

A letter from Sister M. Elise tells us that Patna is still growing as fast—if not faster—than ever! She writes:

"There has been so much going on around here that it is hard to know where to start describing it. Do you know that our yearly admission numbers have jumped from 161 in the first year to 536, 1200 and 2000 in the following years? But you can hardly imagine what that means until you have actually lived through it. The pace has been, and still is, so tremendous that it leaves us gasping sometimes. We had 1800 admissions already in August and with the new wards going in use shortly we will probably come close to the 3000 mark before the end of the year.

"When you think that in 1939 this was started as a three-room hospital containing about 12 beds, you can imagine what a lot has gone on. We have been in the middle of building nearly all the time. That means the compound over-run with coolies and **mistries** (workmen); the paths chewed up and rutted by bullock carts; noise, dust, wrangling and all that goes with building. But it has been worth it. We now have room for about 120 beds and while the outlay is not ideal, it is much better

**Greetings from our Holland house! This picture was taken on March 25th of last year.**

than it was before. Now we are waiting to start the new dispensary. You see, we still have not enough building material. The Bishop says we must have swallowed bricks!"

**RAWALPINDI**

Sister M. Dolores sent us more news of the training school in Rawalpindi, where she is superintendent of nurses. She tells us:

"Nursing is making rapid strides in India and we should be able to take a leading part in it by using up-to-date methods of doing things. The Indian girls are more able to absorb it too, for everywhere they are becoming better educated, especially those from the South. Those from Malabar are real students and at mathematics they surpass the average student at home. I can give them a problem in drugs and solutions and quick as a flash they can compute it mentally and give the correct answer. In practical work, however, they are not yet on a par with Western students. But this is only because they have never done manual work in their lives before coming to us. Servants do the work in India.

"Very often quite amusing things happen in the midst of all the work and study. One of our Indian Sisters came for her O. R. service when the weather was still cool, hence no mopping of the brow was necessary. Then one day it was quite hot. She was the scrub nurse and I was the circulating nurse. I told her to turn her head so I could wipe her forehead. She thanked me most profusely; a little later, the same procedure; again a third time I went to her, but this was too much. She turned to me and said, 'Sister, you don't need to wipe the perspiration off me!' She thought I was just being kind; it had not occurred to her that the falling beads of perspiration would contaminate the field. We laughed so much, and of course, she enjoyed the joke too, after I explained why we wipe the foreheads."

**DACCA**

When Sister M. Caecilia visited the Holy Cross Sisters in Toomiliah a few months ago, she was invited to see their school. As she tells us, village schools are quite out of the ordinary. Even domestic science, or if you will, just plain cooking lessons, are conducted on a different scale . . .

"I was in the village at the time of the cookery examinations. The Assistant Inspectress of Schools came to conduct the practical part. The entrants sat on wooden 'chaukies' (low stools) or mats to sift rice, grind spice and prepare pastry. Then each went to her little 'chuha' (stove) made of hardened mud and took some sticks, or hollow jute stems, to start the fire. After heating a round-bottomed skillet, she put in melted butter and cooked in the correct way some 'buchies.' The result was delicious fresh pastry, the equivalent of cream crackers. The work was nicely done and the theoretical marks received added to make a total. To us this would seem almost a 'picnic' way of cooking, but to the people of the villages it is usual."

**There was no lack of company on this particular morning when Sisters Margaret Mary and Vincent started out on their village calls.**

## YOUR WILL . . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

*"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $———— for its general purposes."*

That Christ May Give You

His Peace and Joy

Now and Throughout the

New Year

Is the Heartfelt Wish

of the

Medical Mission Sisters